## <u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u>

Date:

This form complies with the standary requirement set forth in IC 5-2-15-3.

4-21-06

Address: 600 Back Basy Men

72-43050

Node

Case #: 22-43050	Kopplialle In 46155
County: North	<del></del> .
Type of Laboratory Seizure (check one)  Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)	Seizure Location (check all that apply)  ☐ Residence ☐ Hotel/Motel ☐ Outbuilding ☐ Open — No Structure ☐ Vehicle ☐ Other:
Items Found: Location (bedroom, kitchen, open air (check all that apply)   Lithium/Ammonia Reaction(s):   Lithium/Ammonia Reaction(s):   Red Phosphorous/Iodine Reaction(s):   Water Reactive Metal (Lithium):   Anhydrous Ammonia:   Whydrochloric Acid Gas Generator(s):   Corrosive Acid:   Corrosive Base:   Other (item and location):	: · · · · · · · · · · · · · · · · · · ·
Child under age 18 discovered (check one)  Yes (number present)  No  If yes, fax report to Child Protective Services  This report is to be laxed to the following agend  Fire Department: Dello Health  Health Department: Leab Health  Child Protection Service:	Investigative Information  Ephedrine/Pseudocphedrine Tracking Log  Retail/Merchant Tip  Other: D  cies that serve the location:  Fax: 260-347-7035  Fax: 260-636-2192  Fax:

For further information regarding this methamphetamine laboratory, contact Investigating Officer: The Phone Zec-432-866

\*\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

<sup>\*\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.